

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		5				
19		1				
20	1					
21		1				
22		1				
23		1				
24	1					
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49						
50						
TOTAL IND.	11	8		8		8
TOTAL DEP.	29	11		11		11
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						